EXHIBIT 058

INTAKE HISTORY AND HEALTH SCREENING

I. IDENTIFICATION

NAME: Guidry, Howard OCCUPATION: Student EDUCATION: Some College

DOB: [redacted] COUNTY: Harris PREVIOUS TDCJ #(s): N/A

II. FAMILY HISTORY

1. Blood disease (sickle cell anemia, hemophilia)	YES	(NO)	18. INH Prophylaxis	YES	(NO)
2. Cancer maternal aunt/father	(YES)	NO	19. Intravenous Drug Abuse	YES	(NO)
3. Diabetes maternal grandfather	(YES)	NO	20. Kidney Disease	YES	(NO)
4. Heart Disease	YES	(NO)	21. Liver Disease	YES	(NO)
5. High Blood Pressure maternal grandmother	(YES)	NO	22. Mental Illness	YES	(NO)
6. Tuberculosis	YES	(NO)	23. Non Intravenous Drug Abuse/Alcoholism	YES	(NO)

III. PERSONAL HISTORY

1. D.T. Asthma/Emphysema as child/teenager	(YES)	NO	24. Peptic Ulcers	YES	(NO)
2. Back Injury	YES	(NO)	25. Rheumatic Fever	YES	(NO)
3. Blood Disease (sickle cell anemia, hemophilia)	YES	(NO)	26. Rheumatism/Arthritis	YES	(NO)
4. Cancer	YES	(NO)	27. Seasonal Allergies	YES	(NO)
5. Cavities	YES	(NO)	28. Sexually Transmitted Diseases	YES	(NO)
6. Depression/Suicide Attempt	YES	(NO)	29. Smoker	YES	(NO)
7. Diabetes	YES	(NO)	30. Tetanus Immunization Date about 14	(YES)	NO
8. Drug/ Food Allergies	YES	(NO)	31. Tuberculosis	YES	(NO)
9. Epilepsy/Seizures	YES	(NO)	32. Unprotected Sex w/Multiple Partners	(YES)	NO
10. Glasses/Hearing Aid	(YES)	NO	33. Other:		
11. Gum disease	YES	(NO)	**IV. OBSTETRIC/GYNECOLOGICAL HX**		(N/A)
12. Head Injury	(YES)	NO	1. Date of last menstrual period:		
13. Heart Disease/Angina	YES	(NO)	2. Number of pregnancies/live births:		
14. Hepatitis	YES	(NO)	3. History of Problem pregnancy:		
15. High Blood Pressure	(YES)	NO	4. Date of last pap smear:		
16. HIV + / AIDS	YES	(NO)	5. Date of last mammogram:		
Prior HIV Test Date: May 2006			6. History of birth control methods (IUD, pills, etc.)		
17. Homosexual/Bisexual Activities	(NO)				

A. If YES to any of the above indicate family member or self, give date and treatment received: #2 1987 + 2001 #3 1990 #5 1980

B. History of hospitalization? (YES) NO
Please list the DATE, HOSPITAL, CONDITION: 1985 Inpt for asthma

C. Do you have any current medical, mental health or dental complaints? YES (NO)
If yes, what:

D. Have you experienced any of these symptoms: cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy?
YES (NO) If YES, when?

E. What illegal drugs have you used? marijuana, cocaine
What was the mode(s) of use? (Please circle) (Smoking) Injection (Inhaled) Ingested
What amount and how often did you use drugs and alcohol? 2x week
When was the last time you used drugs or alcohol? 1995
Have you ever had withdrawal or seizures when you stopped using drugs or alcohol? YES (NO)

F. Are you presently taking or supposed to be taking any prescribed medications? (YES) NO
If YES, what: atenolol 50mg
Reason for taking medications: hypertension

G. Observations:

Condition of skin:	Tremor	YES	(NO)	Sweating	YES	(NO)	Other: N/A
	Cuts	YES	(NO)	Bruises	YES	(NO)	
	Sores	YES	(NO)	Other: N/A			
Body & Movement:	Deformities	YES	(NO)	Impaired Motor Activity	YES	(NO)	

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GUIDRY EX. 058
Guidry v. Thaler
4:12-mc-00441

Other: None

H. BEHAVIOR AND MENTAL STATUS

Hygiene & Appearance: ☑ Clean, neat ☐ Dirty, sloppy ☐ Other: _____

Orientation (ask questions and document response):

What is today's date? 3-2

What time is it?

What place is this? Polunsky

Speech: ☑ Normal ☐ Loud ☐ Soft ☐ Mumbling ☐ Other: _____

Attitude: ☑ Appropriate ☐ Laughing ☐ Crying ☐ Cursing ☐ Quiet ☐ Other: _____

I. THOUGHT CONTENT (Please circle YES or NO)

Are you having current thoughts about suicide or self-injury?	YES	(NO)
Do you see or hear things that others do not see or hear?	YES	(NO)
Do you have any special powers abilities?	YES	(NO)
Do you receive personal messages from the TV or radio?	YES	(NO)
Do you have any phobias or excessive fears?	YES	(NO)

J. DISPOSITION

Routine referral to:	☑	Medical	☑	Mental Health	☑	Dental	☑ CID
Immediate referral to:	☐	Medical	☐	Mental Health	☐	Dental	☐ CID
Release to general population:	☐	YES	☑	NO	Other:		

deathrow

Offender Signature: _____ **Date:** 3/2/2007

Reviewer Signature: _____ **Date:** 3/2/2007

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